

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
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TOTAL IND.	2		2			
TOTAL DEP.	17	17	13	13		
TOTAL CLAIMS	14	14	17	17		

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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL	14	14	17